

PLEASE CONTINUE TO FILL IN ALL SPACES BELOW BY TYPING OR PRINTING IN INK.

[illegible]

Please select one of the following questions for future use for identification purposes by the SmartLink Service Center.

☐ What is your favorite color?

☐ Where were you born?

☐ What is your mother's maiden name?

Please record the answer to the identification question selected above in the spaces below.

[illegible]

New Applications

PATH Senior Fare Program
One PATH Plaza - 1st Floor
Jersey City, New Jersey 07306

- ☐ Attach a photocopy of the required ID
INSIDE COVER
- ☐ Enclose one passport-size photo with your name printed on the back?
SECTION A
- ☐ Sign the application? **SECTION B**
- ☐ Have application notarized and signed by a Notary Public? **SECTION B**

Mail completed form for Senior Smartlink Card replacement or name/address change request to the address above.

Enclose a \$5 check or money order payable to PATH Corporation if this is for a **REPLACEMENT** Senior SmartLink Card?

For additional assistance,
please call 1-800-234-PATH/7284 or
e-mail smartlinkservice@panynj.gov.

Date and Time Lost/Stolen Card Reported:

Attachments:

☐ Notarized
☐ Photo
☐ Proof of Age / ID

SPS _____

SUPV _____

DATE Issued: _____

05/21

[illegible]

Application Form



- New Card Application
- Information Change
- Card Replacement

This is a request for (check one):

- ☐ **A New Senior SmartlinkSM Card**
 - Provide one photograph as described in Section A.
 - Read and sign the Affirmation in Section B in front of a Notary Public and have your signature notarized.
 - Complete Sections C1 and C2 of this form in their entirety.
 - **Attach a photocopy of a valid government agency-issued proof of age. Acceptable forms include: valid state ID, driver’s license. or passport.**
 - Mail completed form to address in Section D.
 - **THERE IS NO FEE FOR YOUR FIRST SMARTLINK CARD.**

- ☐ Changes to my existing Senior Smartlink Card record (Check one or more of the following)

- ☐ Name Change

☐ Address Change

☐ Phone Number(s) Change

☐ E-mail Address Change

☐ Identification Question/Answer Change

- Read and sign the Affirmation in Section B. Notarization is NOT required.
- Record your Senior Smartlink Card number in Section C1 and record all changed information in Section C1 and/or C2.
- Mail completed form to address in Section D.

- ☐ A replacement Senior Smartlink Card and replacement of the unused trips on that Card

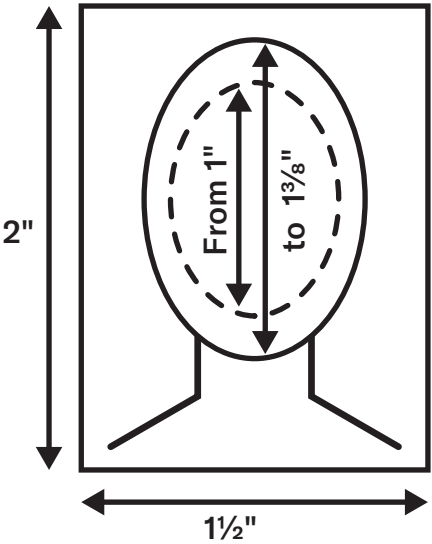
- Call 1-800-234-PATH/7284 to report your card if it has been lost or stolen.
- Record your Senior Smartlink Card number (if known), your name, and address in Section C1.
- Sign the Affirmation in Section B. Notarization is NOT required.
- Mail completed form, along with a check (personal or cashier's) or money order for payment of the \$5 Card replacement fee, to the address in Section D.

Total Access PATH Payment, known as **“TAPP”**, is PATH’s new contactless fare payment system. TAPP will eventually replace SmartLink. When Senior TAPP Cards become available, PATH will send Senior SmartLink Card holders more information on how to transfer their accounts to TAPP. For more information, please visit **TAPPandRide.com**.

Senior SmartLink Program

PATH riders age 65 and over may apply for the Senior Smartlink Card and use it to enter PATH at a discounted fare. For a complete list of Smartlink Program rules, refer to the Smartlink Program Terms and Conditions available online at pathsmartlinkcard.com. All information provided will be used solely for the purpose of determining your eligibility for the Senior Smartlink Card and to create or modify your Senior Smartlink Card records. All information will be kept strictly confidential. For assistance with completing this application, please call 1-800-234-PATH/7284.

**SECTION A
Photograph**



You must submit one (1) photograph with this application if you are requesting a new Senior Smartlink Card.

The photograph must be at least 2" high and 1-1/2" wide, and no larger than 5" high and 3" wide, show a full front view of your face and shoulders only, and have a solid background (see diagram above).

PRINT your name on the back of the photograph.

**SECTION B
Affirmation**

I am 65 years of age or older and, if applying for a new Senior Smartlink Card, have provided Proof of Eligibility in the form of valid state ID, driver’s license, or passport. I affirm under penalty of perjury that all statements made on this application, which PATH relies on to determine my eligibility status, are true and complete. I have read, understand, and agree to be bound by the Smartlink Program Terms and Conditions.

I understand that all statements made in this application may be subject to investigation and verification, and that a material misstatement or fraud will disqualify me for reduced fare benefits and make me ineligible to reapply for those benefits. I understand that PATH may discontinue or change its Senior Smartlink Program without notice. I further understand that it is a crime to allow anyone else to use the Senior Smartlink Card that is issued to me by PATH.

Applicant’s Signature:

Date: _____

Notary Public:

State of _____

County of _____

On this _____ day of _____, 20 _____,

before me personally appeared

to me known and known to me to be the same person (or legal guardian of the person) who is described in and who executed the foregoing instrument, and he/she has duly acknowledged to me that he/she has executed the same.

Notary Seal

**SECTION C1
Information**

PLEASE FILL IN ALL SPACES BELOW BY TYPING OR PRINTING IN INK.

Date of Birth (MMDDYY)

Current SmartLink Card Number (if applicable)

☐ Mr.

☐ Mrs.

☐ Ms.

First Name

☐ Jr.

☐ Sr.

Last Name

MI

Mailing Address

Apartment or Building Number

City

State

Zip Code